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ABSTRACT

By surveying the viewpoints of parents receiving public assistance and practitioners who provide publicly supported child care, this study explored some of the values which underly child care policy and some of the practical problems in delivering child care services. A mailed questionnaire was sent to 1,200 parents (of whom 800 were receiving child care and 400 were eligible but not receiving care), to a systematic random sample of 2,186 providers (of whom 456 were center providers, 500 were family day care providers, and 1,009 were aides), and to all day care service workers and consultants in Michigan (samples of 187 and 38, respectively). The first part of the questionnaire asked for demographic and personal information, the second part elicited respondents' choices about current and proposed child care policy and practice, and the third part asked respondents to indicate their level of agreement with values which might be expressed by other actors in the child care policy field. Results of the questionnaire are reported in the following manner: first, characteristics of the respondents in each major category are described; then their responses to the questions on policy and practices are reported. Next, statistical comparisons among subsamples on 10 selected variables related to the study's hypotheses are discussed. Mean levels of agreement with each of the statements in part 3 of the questionnaire are reported. Finally, statistical differences in subsample scores on the dimensions of control/responsibility, scope, and quality of child care are outlined. (Author/MP)

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"ASSESSING IMPACTS OF CHILD CARE POLICIES ON WELFARE RECIPIENTS IN MICHIGAN"

RESEARCH STUDY RESULTS

DORIS BERGEN SPONSELLER

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Section I
Research Study

Child Care Policy and Practice: Views of Parents and Practitioners

Review of the research literature on child care policy discloses a number of approaches to determining policy directions for use of public funds for child care. Some researchers have surveyed parents and/or used demographic information to obtain descriptions of parents' use of various types of child care and their expressed satisfaction with their choices (UNCO, 1975; Ruderman, 1968 ; Westinghouse-Westat, 1970; and others). Some have described utilization patterns and care quality dimensions in out-of-home care (Keyserling, 1972 ; Linden, 1970; Urich, 1972; and others). Others have studied care effects on children's cognitive and/or affective development (Caldwell, 1977 ; Fowler, 1978; Kagan, 1976; Kilmer, 1979 and others). The effects of child care on family health or employment have also been a topic of study (Smith, 1974; Shkuda 1976; and others).

Critics of the present system of public support for child care cite the results of some of these studies as evidence that public involvement in child care should be diminished or at least not expanded (Larson, 1975; Haskins, 1979; and others). Advocates of increased public fund support for child care and expansion of available child care options often cite results of these studies as evidence that child care should be a national priority. (Edelman, 1972; Smith, 1978; Morgan, 1977). The conflicts

and problems in determining child care policies to be advocated, even with research evidence available, may rest on an apparent dichotomy between what seems to be extensive parental need for child care and what value positions concerning parental and state responsibility for child care and children's need for 'quality' care are held by adults in this society. Even those who choose to use or who must use child care, and those who provide, monitor or assist parents in finding child care are often ambivalent about the role that the public should take; that is, their beliefs about the interface between parental responsibility for and control of child care and the state's responsibility and control may be unclear, poorly articulated, and even, at times, contradictory (Sponseller & Fink, 1978). Parents and practitioners may also be ambivalent about how far public support should be extended; that is, to what groups, with what range of services; and they may vary greatly in their viewpoints concerning what children need in the care setting; that is, what levels of 'quality' are needed and, indeed, even what the characteristics of 'quality' are.

In particular, those who use care (parents) and those who provide or monitor care (center and family day care providers, in-home aides, and government agency personnel) may hold differing value positions on these questions. These differences may affect delivery of services to parents and parental satisfaction with child care. They may also explain why the child care community as a whole (both parents and practitioners) has often not been able to speak with an organized, effective voice when pending legislation, fiscal policies, or administrative

rules are being proposed or decided.

The purpose of the present study was to explore some of the value dimensions which underly decisions on child care policy and some of the practical problems in delivering child care services by surveying the viewpoints of parents who use publicly supported child care or who are eligible to use such care. In addition, the viewpoints of the practitioners who provide direct service care--child care center directors, family day care home providers, in-home aides--were surveyed. Day care services workers for the Department of Social Services, who assist parents in obtaining care and who license family day care homes; and Department consultants who license and monitor child care centers were also included in the survey.

By describing and comparing the viewpoints of these groups, the points of agreement and conflict may be highlighted. Moreover, the practicality of advocating certain child care policies may be reviewed in the light of the value positions expressed by the respondents in the various groups. Although the views of the respondents may not necessarily be representative of all parents and practitioners in these populations, the results may give some guidance to advocacy groups and may be a basis for further in-depth study for researchers in the child care policy field.

Hypotheses

The substantive hypotheses of the study were that there would be

differences among the respondent groups in their viewpoints of:

1. the state's role in child care
2. the scope of child care which should be publicly supported
3. the best types of care and the characteristics sought in care
4. problems within the child care system

and that these differences would be manifested between the following respondent groups:

(a) Parents and providers of care

(b) Parents who use DSS paid care and providers of DSS paid care

(c) Parents who use DSS paid care and parents who do not use it .

(d) Parents who use different types of care

(e) Providers of different types of care

(f) Providers of DSS paid care and providers not serving DSS paid children

(g) Parents who use or are eligible for care and day care services workers

(h) Day care services workers and consultants

(i) Day care services workers and family day care providers

(j) Consultants and center providers

Methodology

Subjects

The original design of the study was a 4x4 type (4 levels of parents and 4 levels of practitioners). The 4 parent levels were 3 parent groups using different care types and 1 group using no care. The 4 practitioner levels were the 3 groups of providers of different publicly paid care types and 1 group of governmental agency personnel. Due to the method of sampling available, these specific categories were not the only ones sampled. Rather a sample from the population of all parents eligible for care, all parents using care, and all providers were obtained. This method of sampling resulted in a number of additional categories of respondents. Also, the distinctiveness of the two groups of governmental agency personnel was soon apparent; therefore, these groups were surveyed separately. The respondent categories actually surveyed and analyzed were as follows:

Parent groups (all on public assistance)

1. Parents using center care
2. Parents using family day care homes
3. Parents using aides in the parent's home
4. Parents using multiple care sources
5. Parents using no care

State agency personnel

6. Day care services workers who assist parents with care choices and license family day care homes
7. Consultants who do child care center licensing and monitoring

Provider groups

8. Center providers with children whose care is paid by DSS
9. Center providers who have no DSS paid children
10. Family day care home providers with children whose care is paid for by DSS
11. Family day care home providers who have children, but none paid by DSS.
12. Family day care home providers who presently have no children to care for
13. In-home aides who have children whose care is paid by DSS,
14. In-home aides who presently have no children to care for.

Procedures

Two stages in the study were planned and carried out. First, a mailed questionnaire was sent to 1200 parents and to 2186 practitioners. Surveys were sent to a random sample of 800 parents presently using care and 400 parents eligible but not using care; to a systematic random sample of providers (456 center; 500 family day care; 1009 aides); and to all day care services workers (187) and consultants (38). The numbers surveyed in the parent and provider populations were based on the predicted responses rates of the various groups (10-30%), in order to have at least 30 respondents in each cell of the original design. The respondents had approximately three weeks to complete and return the survey. Included with the survey was a "permission to interview" form which was completed by those agreeable to having a person talk with them.

Then the second phase of the study began. From the groups agreeing to be interviewed a random sample of 10 respondents from each of the 4 basic parent groups and from the 3 provider groups having DSS

paid children were selected. Ten respondents from the day care services workers group and 5 from the consultant group were also randomly selected. A group of alternates were also randomly selected. Interviews with these subjects were conducted over a three month period by the principal investigator and 4 graduate students trained in the interview technique. The interviews were for one hour each; questions were based on the survey which the selected respondent had completed. Parents and aides were paid the minimum wage for their participation. Other groups were not paid; however, responsiveness to participation seemed to be unrelated to the pay/no pay differences. The interview sample was composed of respondents from throughout the state who were visited either at their homes or place of work.

Measures

The mailed questionnaire consisted of three parts. The first was a section seeking demographic and personal experience information; it varied in content for each of the seven basic groups of respondents: parents using care, parents not using care, center providers, family day care providers, aides, day care service workers, consultants. Part 2 was designed to get respondents to make choices about current and proposed child care policy and practice. It also included questions designed to find out whether respondents presently had child care information and to explore a number of respondents value positions which might influence their actions related to child care. The third section asked respondents to indicate their level of agreement with value positions which might be expressed by other actors in the child

care policy field. It used statements from an earlier study (Sponseller and Fink, 1980) that had investigated a national sample of practitioners. Factor analysis of responses to the wider range of statements in the earlier study had identified three value factors. The statements in Part 3 represented these factors.

The questionnaires were initially designed by the principal investigator, then reviewed and revised by the staff of the cooperating agency, the Michigan League for Human Services, and by the project's Advisory Committee, which includes representatives of the Department of Social Services, and of parent and provider groups. The questionnaire was also pilot tested by parents who are members of the Westside Mothers, a Welfare Rights Organization branch in Detroit. Then the questionnaires were put into final form for printing and mailing.

The interview form questions were also discussed with the Advisory Committee and the Michigan League staff. Questions were designed to elicit further detailed information on certain issues, to check for the respondent's interpretation and/or understanding, and to gain information about the respondent's personal experiences as a user, provider, or monitor of child care. The interview form was based on the questionnaire, but also included open-ended questions.

Problems, solutions, and limitations of the study procedures

In spite of the excellent cooperation received from the Department of Social Services, and the Advisory Committee, a number of practical problems required changes in the design and imposed limitations

which affected reliability, validity, and generalizability of the results. The following discussion outlines are the major problems, attempted solutions to those problems, and limitations of the study imposed by those problems.

1. Sampling problems The initial sampling plan would have stratified the populations of interest (DSS paid parents and providers) using or providing each type of care and randomly sampled a proportionate number representative of that type. Actual sampling programs and computer lists of parents did not stratify on the basis of type of care used. Therefore, the parent sample was drawn from the entire parent group using care and the entire parent group eligible but not using care. A random sampling program was available from the Department of Social Services; that program selected the 800 parent care users and the 400 parent non-care users. Predicted return rates were higher for parent user than non user, thus the parent user sample was proportionately smaller.

Also, provider lists did not differentiate those who provided care for DSS paid children from those who did not have DSS children, or those who were currently providing care from those who were not. No program was available to sample randomly from the provider groups. Therefore, the Department designed a program to select a systematic random sample from each provider group. Predicted return rates for the group of aides was lower than for the other two provider groups, thus twice as many aides were sampled. From the total population of 912 centers, every other center was selected, resulting in a sample of 456 centers. For the

family day care population of 9500. every 19th home was selected, resulting in a sample of 500. For the aide population of 25,225, every 25th name was selected, resulting in a sample of 1009.

Until responses were returned, the proportion of respondents in each care category was unknown. Fortunately, the responses returned provided at least 30 respondents in each care category. In the parent sub-categories, 54 parents used center care, 38 used family day care, 38 used aides, and 38 used no care. In the DSS paid provider groups, there were 108 center providers, 47 family day care home providers, and 46 in-home aides. Response rates for center providers and for parents using center care were higher than for other groups. Whether this denotes systematic identifiable differences among respondents is not known. At the very least, it is apparent that center using parents and center providers are more responsive to this type of survey, than parents using other care types and providers of other types of care. Percentage results for groups which include more than one care type must take this difference in number of respondents into account when interpreting results.

2. Confidentiality problem Due to the limitations imposed by confidentiality, direct mailing of the questionnaire by the Michigan League to the public assistance parents was not permitted. A procedure was developed cooperatively with the Department of Social Services in which the questionnaire, explanatory letters, and a permission slip allowing release of their responses to the investigator were sent to

parents by the Department. The respondents mailed their questionnaire and the permission slip back to the Department which then released the information to the investigator. This procedure allowed the questionnaire to be sent without jeopardizing the client's confidentiality. However, it may have cut down on the response rate of parents. This was especially a problem because no follow-up reminder could be sent to increase the response rate, since the Department had concerns about the parents considering themselves harassed if a follow-up reminder was sent. The follow-up probably would have increased response rate; however, all 4 categories of parents did respond in sufficient numbers to be included in the comparative analysis.

3. Address problem The computer addresses available for the aides who provide care in the parent's home were not the aides' home addresses, but were the addresses where the care is provided. Payment for this type of care is sent to the parent who then pays the aide; thus, the aides' list has parent's addresses. Therefore, response rates may have been diminished because in some cases the questionnaire may have been received by the parent but never passed on to the aide. Since many of the aides are relatives living in the same home as the parent, these aides did receive the questionnaire directly. However, there was no way to systematically identify what happened in situations where aide and parent lived at separate addresses. After a follow-up post card reminder to all provider groups sent two weeks after the questionnaire was sent, eleven providers called to say they had not received the questionnaire. Whether there were others in the samples who never

received the questionnaire is unknown. The aide response rate was very low; perhaps some of that difference was due to the address problem.

4. Response rate problems A number of problems which affected the response rate have been discussed. The response rates are not sufficiently high to permit generalization to the entire populations from which the samples were drawn. Since there were sufficient numbers in each cell of the design, however, it is possible to compare respondents in each category with those in other categories. Results are reported only in terms of respondents' viewpoints, rather than as views of the entire populations from which the samples were drawn. The actual response rates and those which were predicted, based on previous Department sponsored surveys and the follow-up limitations, were similar to or higher than the predicted rates. Besides the follow-up limitation imposed on the parent group, budget constraints imposed a follow-up limitation on the practitioner groups. Only one follow-up mailing was possible in the study's limited budget, given the larger number in the sample than had originally been planned for the study.

In the parent category 175 respondents (137 using care, 38 not using care) made the overall response rate approximately 15%. Those using care responded at a higher level (17%) than those not using care (9%), as was predicted. Providers of care also varied in response rate. The rate for centers was 30%; with certified centers (those with DSS paid eligibility) responding at a 35% rate. Family day care home providers responded at an overall rate of 24% and aides responded at

a 9% rate. No data is available on the proportion in the initial family day care home or aide sample of current DSS paid care givers; thus the response rates for these subgroups cannot be determined.

Consultants responded at the highest level (61%) and day care services workers' response rate was only slightly less (57%). These are percentages of the total population, rather than a sample of the population. Seventeen questionnaires were returned as undeliverable and in some categories a few respondents returned the questionnaire, but indicated either that they did not want to answer it, didn't understand it, or that they were no longer in that respondent category. (parents-2, centers-2, aides-6, family day care-4, service workers-6). These respondents are not included in the response rate percentages.

Interpretation of the study results and generalizations from the results are limited by the response rate levels.

Characteristics of the samples

In order to determine the representativeness of the parent respondents to the entire sample, demographic information on a number of variables in the total parent sample was compiled from the computer printout which was made available by the Department. Parents in the 1200 person sample had the following characteristics: They ranged in age from teens to over 60, with the majority in their 20s (48%) and 30s (38%). Teen parents comprised 3% of the sample, with parents 40 or over being approximately 11% of the group. Females in the sample predominated, with only 4% of parents being male. White parents were 65% of the sample; black, 32%; Hispanic, 2%, and Indian or other races

about 1%. There was 1 child in 38% of the families, and there were 2 children in 33%. Three children were in 16%, with 13% having between 4 and 8 children. Child ages were: under 2--13%; 2-6--25%; 6-12--43%; 12-18--19%.

Characteristics of the respondent parents are described in the results section. They were similar to the total sample in the following ways: There were approximately the same proportion of male/female respondents and similarity in age levels of parents and children. The total sample more closely approximated the ages and number of children of the non user parent respondents than parent care user respondents. The respondents differed from the total sample in that the entire sample had about 10% more black parents than the respondent sample. Thus, blacks are slightly under-represented in the respondent sample.

In general, the parent respondents were not extremely different from the total sample.

A telephone survey of a random sample of aides, completed by the Department of Social Services (Padgett and Schuller, 1979), reported that aides have the following characteristics: They are primarily female (96.5%), exhibit a wide range of ages (18% teens, 34$ 50 or over), and have had little formal training. (Only 8.7% have had some college or a degree). Approximately 50% care for only one child. Few care for handicapped children (3.5%). Aides average 30.5 hours per week of work and earn about $100 per month. They are related to the child's parents in 64% of the cases. No data on sex was given in the report.

Characteristics of the aid respondent to the present survey are described in the results section. They were similar to the respondents in the earlier survey in the following ways: Their age range was also wide; about half cared for only one child; the majority are related to the children and are primarily the children's grandmothers and aunts; and few care for handicapped children. The mean number of care homes is 32 and the median monthly wage reported is $110.

The respondents in the present sample may have been slightly better educated (3.3% reported bachelors degrees compared to .6% in the earlier survey). This may reflect a difference in mean age of the two groups of respondents. In the earlier study mean age was 39; in the present study the mean age was slightly under 30. In general, however, respondents to the present study have many similarities to those in the earlier study.

Since parents and aides had the lowest response rates, this information provides some indication of the extent of the respondents' representativeness of the total sample. No complied demographic information is available which describes the other provider group samples. Also, no information is available which describes the total populations of workers and consultants.

Plan of Analysis

Analysis of the mailed questionnaire had four steps. First, frequency distributions on the variables in Parts 1 and 2 were plotted for the major category types: parents, providers of care, governmental agency personnel. Frequency distributions within these categories were also plotted: parents using care, parents not using care, center providers, family day care home providers, aides, consultants, service

workers. Then cross-tabulations of specific sub-categories were plotted for 1 variables of major interest and a test of significance (Chi-square) performed. For example, parents using each type of care were compared on the frequency of their choices of reason why those chose a certain type of care. Mean scores on the variables in Part 3 were computed to be compared with earlier study data. Finally, Part 2 was coded according to a scoring system which provides scores on three overall dimensions of value: 1. Control/responsibility; 2. Scope; 3. Quality. These scores were statistically analyzed (t-test, ANOVA) to determine if there were significant differences between groups.

Analysis of the interviews has two steps. First, major themes will be identified and case study examples provided expanding on these themes. Second, systematic coding of the interview responses will be compiled and a set of issues identified which will provide explanatory data interfacing with the questionnaire results.

Section II
Research Results

The results of the mailed questionnaire will be reported in the five following sections: First, characteristics of the respondents in each major category will be described (Part 1 of the questionnaire); then their responses to the questions on policy and practices (Part 2) will be reported. Third, statistical comparisons among subsamples on ten selected variables related to the study hypotheses will be discussed. Fourth, the groups' mean level of agreement with each of the statements in Part 3 will be reported; and finally, statistical differences in subsample scores on the dimensions of control/responsibility, scope, and quality of child care will be outlined.

The results of the interviews will be described briefly; analysis of this phase will be more fully described in a later addition to this paper.

Characteristics of the respondents (Part 1 of questionnaire)

The adjusted percentage of responses in various categories will be reported for most of the data. Questions with a high level of non response will be reported in raw percentages, with the exception of those questions which were not to be answered if respondents' answer to the previous question was "no". The adjusted percentages on the following question reflects how those who answered the previous question with "yes" responded to the next question.

Parent Respondents A total of 175 parent respondents completed the survey, with 137 being parents using care; 38 being parents not using

care. For the parent group, 61.3% were in their 20s, 26.2% in their 30s. Teenage parents comprised 4.8% of the group; none of whom were in the parents not using care group. Parents not using care were slightly older as a group; 47.2% were in their 20s, 33.3% in 30s and 14.9%, 40 or over. For parents using care 65.2% were in their 20s, 24.8% in 30s and only 6.2% in 40s or older. The respondents were primarily female; only 2.9% were male. Black parents comprised 20.6% of the respondents; only .6% were of race other than black or white. Sex and race proportions were similar for both parent groups.

Approximately 50% of user homes have children under 2; 79% have children over 2 but under 5; 50% children 5-7; 26%, 8-9 year olds; and 30% have children over 10. Non user homes have only 32% children 2 and under, 26% in the 2-4 range; 37%, 5-7; 34%, 8-9; and 40% 10 and over. That is, parents not using care have proportionately fewer very young children and more older children. Parents not using care generally reported small families; with 37% having only 1 child, 32% having 2 children. Parents using care reported that young children were the ones in day care; 37% had under 2s; 42%, 2-4; 27%, 5-7 in day care. However, they also reported some older children in care; 14% had 8-9s in care; 17% had children 10 or older being cared for. Parents using care reported that the Department of Social Services paid for their day care in 96% of the cases. Since the sample was composed of persons on the list for receipt of day care, the reason all did not report having paid care is unclear. Of those reporting paid care, 77.2% paid no additional costs. Of the 22.8% who did, the reasons for additional

cost were: DSS paying less than provider charges (66.7%), DSS requires a percentage to be paid (10%), other (23.5%).

Center care was used by 41.8% of respondents, family day care by 30.6%, aides who are relatives by 14.9% and non-relative aides by 12.7%. Multiple care sources were used by 7 respondents. Sixty-eight percent of respondents have at least one child in care 5 days a week; 19.6%, 3 days or less; 4% have care more than 5 days a week. Hours of care each week ranged from 7.1% having 10 or less hours a week to 30% having 41 or more hours a week. Care for 31-40 hours a week was reported by 29%. Thus, over half of the children are cared for at least 30 hours a week.

In regard to DSS assistance in finding child care, 78% reported having talked to their worker about their day care needs and 70% indicated they had been told about day care services available. Sixty-three percent indicated that workers had been helpful, with 30% indicating ways that workers could have been more helpful. The same number (30%) thought the state office could be more helpful. In general, parents felt satisfied with their care choice (89%),and about half had considered more than one choice (57%) before selecting the type they were using. Parents indicated that the most important reason for their care choice was that they considered it the best type for their child. That answer was selected as first choice by 40.5%, as second choice by 17.1%, and as third choice by 15.8%. (64% of parents selected this reason). Convenience and times fitting schedule were chosen by parents frequently as second choice (26.5, 21.4) or as third choice (28.7, 32.7) but these were not frequent first choices. The second most frequently

selected first choice was "knowing caregiver". Parents using different types of care differed on reasons for selection. These differences will be described in a later section. The main reason parents were using care was for work (54.1%) or training (15%). Other reasons such as going to high school or college, and health or mental health needs were mentioned by 26.3% of respondents.

About half of the parents not using care indicated that they would like to have it (47.4%). Reasons they were not using care included not knowing DSS would pay (16%), not knowing whether they were eligible (10%), too much trouble to arrange (20%), having relatives (unpaid) caring for child (20%), and having an older child (unpaid) caring for a younger child (48%). If they had used DSS paid care in the past but no longer did (29% of respondents), the reasons were that the children were now old enough to care for selves (18%), other children or relatives (unpaid) cared for the young child (27%), past trouble with DSS (27%), eligibility used up (27%).

Respondents indicated that, if they were to use care, 21.9% would use center care, 9.4% family day care, 31.3% care by a relative-aide, 9.4 by a non-relative aide, 9.4% by either type of aide. Eleven percent would use multiple care types, and nine percent were uncertain what they would select. Three families were presently using day care but not being paid by DSS, because they were in college and were no longer eligible. Approximately half (51.4%) have talked with their worker about child care and been told about the care services. Future interest in having paid day care was expressed by 42.9%, with 39.3% being uncertain.

Data on some of the parents' locations in the state was not available due to the discard of some of the returned envelopes. For those for whom this data was available, respondents came from throughout the state as follows:

TABLE I

	Parents using care	Parents not using care
Area 1. (southeast lower Mich. including Detroit Met. area)	25.5%	18.4%
Area 2. (central and western lower peninsula)	27%	21.1%
Area 3. (upper lower peninsula)	16.8%	2.6%
Area 4. (upper peninsula)	5.8%	5.3%
Unknown	24.8%	52.6%

Providers of child care (center, family day care home, and aide providers)

There were 345 respondents in the provider category, with 135 from centers, 118 from family day care homes, and 92 aides. The age of providers ranged from teens to 70's, with the majority in 20's (25.2%), 30's (30.8%) and 40's (20.4%). Thus, providers as a group were older than parents. They were also predominately female (92.2%) and white (84.2%). Approximately fifteen percent were black (as compared to approximately 21% black in the parent group). Age, sex, and race proportions differed for different provider groups; each group is described in following sections. About half saw DSS as helpful to providers (50.5%) but 46.5% did not know of ways DSS could be more helpful, or how the state office could be helpful (49.3%). Approximately a third of providers did have suggestions of ways either local or state offices could be more helpful to providers.

Providers generally agreed with parent's view that parental selection of care type was based on what parents thought was best for their children. In the total provider group, 42.7% selected "best type" as the first choice reason, with "convenience" as the second highest category selected as first choice (29.1%). Different provider groups differed on their answers to this question. Those differences will be described for each care type provider group.

Center providers: Respondents who provide center care numbered 135, with 108 being centers with DSS paid children, 27 having no DSS paid children. Center providers were divided about equally in age between the 20's (30.1%), 30's (31.7%), and 40's (26.8%), with the rest 50 or over. Males made up 15.2% of center respondents, a higher proportion of males than for any other provider group. The racial proportions were 90.2% white, 8.2% black, 1.6% other. Center providers generally saw DSS as helpful (78.4%), but also many could think of ways they had not been helpful (56.1%) and how the state could be more helpful (47.7%). They differed from the parent group and the rest of providers in their opinion of the main reason influencing parents' choice of care. "Convenience" was selected by 41.9% as first choice, with 'best type' going to second highest first choice (32.3%).

Center providers generally have been working in the child care field longer than other providers; 48.5% have been providing care for 4 or more years and 27.6% for 1 - 3 years. The majority of respondents are directors (63.8%) or teacher-directors (32.3%). Center providers

are licensed to care for between 12 and 600 children, with the higher numbers being for multiple facility center groups. Twenty-five percent of respondents are licensed to care for 26 or fewer children; 50%, for 43 or fewer; 75%, for 59 or fewer; and 90% for 100 or fewer. The median number licensed was 43.

The centers care for 1 to 334 children whose care is paid by DSS. However, 25% have 4 or fewer DSS paid children; 50% have 8 or fewer; 75% have 17 or fewer and 90% have 35 or fewer. The median number of DSS paid children is 8. The amount paid by DSS ranges from $25 per month to $50,000, with 90% receiving less than $4200. There were 25% receiving $284 or less; 50%, $700 or less; and 75%, $1722 or less. The median amount received was $702. Actual enrollment in centers was between 5 and 550, with 25% having 26 or fewer children; 50% having 43 or fewer; 75% having 70 or fewer, 90% having 110 or fewer. Underenrollment (having fewer children than licensed for) was reported by 69.8% of centers; however, 50% of centers were underenrolled by no more than 8; 75% by no more than 17. The median underenrolled number was 10. Although 42.6% reported some problems in taking DSS paid children - primarily related to payments or record keeping, 63.3% said they would like more DSS children.

Of those centers having handicapped children, the number in a center ranges from 1 to 39, with 25% having 1; 50% having no more than 2; 75% having 5 or fewer, 90% having 8 or fewer. There were 45% that had no handicapped children. Of the group with no handicapped children, 88.4% indicated willingness to take handicapped.

Center providers generally had higher levels of formal training than other groups, and experience levels comparable to other provider groups. 82.3% have had experience caring for children in their own families; 82.2% have cared for other children. Informal training through workshops, special programs, etc. have been taken by 64.4%; and 29.7% have had some college or formal training unrelated to child care. College training with at least a Bachelor's degree as their highest degree was reported by 53.3%; with 21.5% of those degrees being in elementary education, 8.1% in early childhood, 7.4% in child development. Master's degrees were reported by 22.2% of respondents, with elementary being the degree area for 5.9% and early childhood the degree area for 7.4%. Twenty percent of respondents hold endorsements in early childhood with 12.5% reporting other endorsement areas, 3.6% reporting 2 endorsements. An ongoing program of training would be of interest to 46.3% of center providers, with 27.3% being interested in a few sessions of training, 9.1% indicating no interest; 9.9% indicating interest only during working hours. Administration was the highest first choice topic area for training (41.8%), with child development second highest (29.1%). Parent education, programming, child development and administration were mentioned about equally often (each about 25%) as second and third choices.

Center respondents came from throughout the state in the following patterns: Area 1 - 38.5%; Area 2 - 43.7%; Area 3 - 9.6%; Area 4 - 5.3%; unknown - 3%.

Family day care home providers; Respondents providing family day care numbered 118. They fell into three categories: 47 who care for DSS paid children, 47 who have no DSS paid children, 24 who presently care for no children. They ranged in age from the 20's (20%) to the 60's (5%), with 42% being in their 30's, 14% in 40's, 12% in 50's. There were primarily female (97%) and white 87% although more black respondents were in this group than in the center group. Many of the respondents have no children under 10 of their own (38%). Of those with children under 10, 75% have at least one child of preschool age. About half of the respondents have one or two children of their own; 75% have no more than 3 children.

Almost half (45.8%) have been providing family day care for 1 to 3 years, with 24.6% working less than a year; and 28.8% more than 3 years. The number of children enrolled in the homes presently caring for children range from 1 through 18, with 50% have 3 or less children enrolled. Homes are licensed to care for 1 - 6 children, with 28% reporting being licensed to care for 3 or less. Of those homes presently have DSS paid children, 35% have only 1 child whose care is paid by this source. There are 67% who have no more than 2; 89% with no more than 3 children receiving DSS paid care. Twenty five percent of those with DSS paid children receive $80 or less per month; 50% $130 or less; 75%, $178 or less, with the range of payments from $32 to $408 per month. Of those taking DSS children, 45.7% would prefer to continue with the same number; 15.7% are interested in having fewer;

38.6% are interested in having more. Those who have taken DSS paid children in the past but who no longer do so indicate payment problems or the fact the mother no longer needs care as prime reasons for stopping. Of the respondents, 74% indicated a willingness to take DSS paid children. Only 7.4% have children with handicaps; 23.7% would be willing to take a handicapped child.

The number indicating that DSS had been helpful to providers was 38.4%; 29.5% indicated they knew ways DSS had not been helpful; 29.5% that they knew ways the state could be more helpful.

The training and experience of family day care home providers was less formal than that of center providers. Most (99.2%) have had experience caring for children in their own family; 84.8% for other children. Informal training related to child care has been received by 17.6%, with 22.8% having had some college or other training not necessarily related to child care. A bachelor's degree is held by 14.4%, a Masters by 2.5%, and an endorsement by 3.1%. Bachelor degree holders primarily had elementary education (3.4%) or early childhood (5%) degrees.

If training were to be provided without charge, 20% indicated they would not be interested; 42% indicated they would be interested in a few sessions; and 23% indicated interest in an ongoing training program. First choices for training topics were child development (34%) and programming activities (14%). Second choices were programming (28.8%), child development (13.6%), and parent education (13.6%).

Third choices were parent education (27.1%), administration (14.4%) and programming (12.7%).

Family day care respondents came from throughout the state in the following proportions: Area 1 - 25.7%; area 2 - 52.3%; area 3 - 16.5%; area 4 - 5.5%, unknown - 5.5%.

Aide providers: There were 92 aides who responded to the survey, 46 having DSS paid children presently under their care and 46 having no children that they were presently caring for. They came from a broad age range: 27% are teenagers; 23% in 20's; 11% in 30's; 18% in 40's; 16% in 50's; and 4% in 60's. They were predominately female (98%) and were 71% white. There were more black respondents (27.6%) in the aide group than in either center or family day care home provider groups.

Although the list from which aides were sampled was the list of certified day care aides provided by the Department of Social Services, only 40.7% stated that they were certified; 47.3% said they were not; 12.1% said 'don't know'. Apparently many aides do not realize that the process they completed in order to be paid by DSS gives them the designation "certified day care aide." Of those indicating they were certified, 60% reported they were certified less than a year; 32% less than 4 years.

Of the group presently caring for DSS paid children, 49% care for 1 child; 25% have 2. There were 58% who are related to the children, with grandmother being the predominant relationship (61.8%); and aunt, second (20.6%). Uncles also cared for some children (5.9% of the group). The hours per week of care they provide ranges from 4 to 60, with 25% caring for children 12 hours a week or less; 50%, 39 hours or less; 75%, 40 hours or less. Twenty-five percent receive less than $85 per month; 50%, less than $100, 75% less than $175.

Of those caring for children presently, 38% indicated they would like to have additional DSS paid children; 55% that they would not. There were 55% who said they would want to care for other DSS paid children if those they are presently caring for no longer needed care. Only 5.4% care for handicapped children; 67.3% indicated they would not want to care for this type of child.

Training and experience of aides is less formal than that of other provider groups. There were 91.8% who had cared for children in their own family; 78.3% have cared for other children. Informal training has been experienced by 13.1%; 25% indicated some formal training not necessarily related to child care. Bachelor's degrees are held by 3.3%; Master's by 1.1%; endorsements by 1.1%. If training were provided without charge, 28% would not be interested; 20.7% would be interested if it were held during working hours; and 19.6% in an ongoing program of training. Topics of interest would be child development and programming activities (50.7% and 25.4%, respectively,

as first choices); 34.5% and 40%, respectively, as second choices), with parent education as the predominant third choice (50.9%).

Respondents were from the following areas of the state: Area 1 - 38%; area 2 - 31.5%; area 3 - 7.6%; area 4 - 3.38%, unknown - 19.6%.

Government agency personnel: The characteristics of day care service workers, who work at the county level of government, and of consultants, who are supervised at the state and regional levels, are reported separately in following sections. In general, they both tend to be more formally trained, and to be more interested in further training. There is a higher proportion of males in the agency groups than in provider or parent groups.

Day care service workers: Day care service worker respondents are in their 20's (31%) and 30's (52%), predominatly white (91%), and 20% male.

Of the total population of 187 workers, 107 responded to the survey questions. Almost half (45.8%)have had their present responsibilities 1 - 3 years; 34.6% for 4 or more years. Responsibilities may be totally in day care services (37 respondents are 100% time there); totally on family day care home licensing and monitoring (4 respondents

100% times there); or in a combination responsibility areas (66 re-pondents). In general the combined responsibility jobs require more time spent on day care services than on family day care duties, with 40% of respondents in this group indicating they spend less than 25% of their time on family day care duties, while only 25% spend less than 50% time on day care services. Two of the respondents spend time on other responsibility areas in addition to these two: 64 of those with combined duties have only these two duty areas as their responsibility.

The responses of those servicing day care clients indicate that the caseload number of day care clients ranges from 12 to 180 with 25% workers having fewer than 40 clients, 50% having 76 or fewer; and 75% having 90 or fewer. Eligibility for day care follows a similar range; 25% report 45 or fewer clients eligible for day care; 50% report 70 or fewer; 75% report 95 or fewer. The number of clients using each type of care range from 1 to 100, with a median of 20 using day care; 18 using family day care; 26 using aides.

In regard to services they provide to assist with day care, 50% reported that 10 or fewer clients needed help in deciding whether to have day care; 36 or fewer needed help in knowing how to get day care, and 24 or fewer needed help deciding on type of care to have. Workers indicated that reasons clients do not receive help include the following: workers' lack of information (3.2%), workers' lack of time (9.6%),

clients preferring other sources of help (36 %), clients' lack of knowledge that this service is available (29%), and other diverse reasons (22%).

Of respondents doing family day care home licensing, 75% indicated that technical assistance took up to 75% of their time they had available for family day care responsibility. They reported spending less time on consulting aspects of the responsibility (75% spent 33% or less of their time on consulting). The number of family day care homes in their caseloads varied, with 25% reporting 43 or fewer; 50%, 78 or fewer; and 75%, 142 or fewer. Workers reported that around half of the homes in their caseloads serve DSS paid children; 25% had 18 or fewer serving DSS paid children; 50% had 39 or fewer; 75% had 42 or fewer. Approximately half of the workers (53.8%) thought that more homes would be interested in having DSS paid children.

Family day care homes in their caseloads serving the handicapped were not reported to be in abundance; 75% of workers indicated that they had 10 or fewer homes in that category. However, there were 54.2% who reported that they thought more homes would be interested in having a handicapped child.

Day care services workers' training and experience is as follows: The majority have had experience caring for their own family (74.1%), and for other children (63.9%). Half (51.8% have had informal training related to their job. The majority (90.7%) have a least a

Bachelor's degree, primarily in social work (51.6%), psychology (24.5%) or elementary education (14.5%). At least 6.4% have Master's degrees, primarily in psychology (2.8%). There were 9.3% of respondents with licenses or endorsements, primarily in social work (7.5%).

If further training was conducted during working hours, 41.1% would be interested. Extra work training sessions were of interest to 15.6%, with 30% being interested in an ongoing program of training. Approximately 10% were not interested. Topics chosen as first choices were parent education (45.3%) and administration (25.6%). Second choices were child development (35.3%) and parent education (29.4%). Third choices were child development (31.3%) and program activities (39.1%). In all, 68 respondents indicated interest in parent education training.

Respondents' distribution throughout the state was as follows: Area 1 - 46.5%; area 2 - 37.6%; area 3 - 13.9%; area 4 - 2%, unknown - 0%.

Consultants: Consultants are older as a group than service workers; with none in their 20's, 42% in 30's, 26% in 40's, 26% in 50's. Respondents numbered 23 from the total population of 38 consultants. Males comprise 20% of the respondents; of those who indicated race, 100% are white. Approximately 9% had been in this position less than a year, with 50% having worked as consultants for 1 - 3 years and 13.9% for over 3 years. The median number of centers in a caseload is 65, with the range from 40 to 90. There are 25% who have 50 or fewer centers; 50% with 65 or fewer; 75% with 70 or fewer. Certified centers

in the caseloads range from 6 to 38, with a median of 23. Fifty percent have 22 or fewer certified centers; 25% have 17 or fewer; and 75% have 30 or fewer. Handicapped children are served by 1 to 30 centers in a caseload, with the median being 5. About 35% of respondents indicated that more centers would be interested in DSS paid children, 32% indicated that more would take handicapped children.

Consulting services have been provided by 25% of respondents to 20% or fewer of the centers in their caseloads; with 50% serving as consultants to 40% of centers; 75%, for 55% or less. Type of consulting advice most often requested is program activities (66.7%). Second choice is administration (30.4%), and third choice is child development (34.8%). Reasons why some centers do not use the consulting services are as follows: consultants' lack of information (13%); consultants' lack of time (43%), preference for other sources (22%); and no knowledge that services are available (4.3%). Consultants are divided in their opinion about whether there is a need for more centers in their areas: 54.5% say no; 40.9% sayd yes.

Consultants have the highest level of formal training and less experience in caring for children of any group. Master's degrees are held by 87%, with major areas of study being early childhood (39.1% and child development (26%). Endorsements are held by 52%, primarily in early childhood (43%). There are 13% with two endorsements. Their practical experience inclues caring for their own

families (64.7%) and for other children (47.4%). Some have also had informal types of training (20%).

The majority of consultant respondents would be interested in an ongoing program of training (52.6%); 15.8% would be interested only during working hours. Only 5.3% indicated no interest in additional training. Topics of interest as first choices were administration (26.3%) and child development (21.1%). Second choices were program activities (40%), child development (26.7%) and parent education (26.7%); and third choice were administration (35.7%) and parent education (28.6%).

Consultant respondents from around the state included: Area 1 - 39.1%; area 2 - 34.8%; area 3 - 8.7%; area 4 - 8.7%, and unknown - 8.7%.

Respondents' Views on Child Care Policies and Practices (Part 2 of Questionnaire)

Parents' views on child care Parents supported the concept of public pay for day care at the level of 76.2%. They saw the major reasons for this being to allow parents to work or get training (45%, 1st choice; 35%, 2nd choice; 11.7%, 3rd choice), to help parents get off welfare (27.5% 1st choice; 30% 2nd choice; 14.4% 3rd choice), and to give children learning experiences (16.7% 1st choice; 20% 2nd choice; 27% 3rd choice).

They believe DSS assistance is needed to help parents find day care (86.6%) because they don't know day care is available (30.6% 1st; 16.9% 2nd; 15.7% 3rd), they need help in getting it paid for (23.1% 1st; 30.2% 2nd; 27.8% 3rd), and they need help deciding what is best for their child (23.1% 1st; 29.4% 2nd; 17.4% 3rd).

They support parent education (89.2%) and think knowing how children grow and develop (36.2% 1st; 25% 2nd; 15.5% 3rd); knowing ways to help their children learn at home (24.6% 1st; 29.4% 2nd; 20.9% 3rd), and knowing how to keep children healthy (13.8% 1st; 22% 2nd; 14.0% 3rd) are most important. As third choice many of them also want to know how to make their children behave better (26.4%).

The type of care that they believe is best for most children is a day care center (52.6%), with aide care chosen by 35.3%, family day care by 11.5%. The most important thing to find in a day care setting is love and attention (32.9% 1st; 14.9% 2nd; 12.4% 3rd),

with people trained to care for children (19.6% 1st; 14.9% 2nd; 10.9% 3rd), and children learning to get along with other children (15.4% 1st; 15.6% 2nd; 19.7% 3rd) as next most important. They believe that center care is most likely to provide what they want (50% 1st; 49.6% 2nd; 50.4% 3rd) with aide care (20.4% 1st; 20.1% 2nd; 21.5% 3rd), and family day care (17.6% 1st; 23% 2nd; 17.8% 3rd) similar in preference.

They think that for children 5 - 7 and 2 - 5 center care is preferable (52.9%, 52.8%) but not for 0 - 2 children (5.7%). Rather aide care is preferred for infants (53.5%) or family day care (37.1%).

About half think they are familiar with payment rates (45.2%) and they prefer payment direct to the care provider rather than to themselves (75.8%). They believe center care payment rates are about right (58.1%) or too low (35.5%); family day care rates too low (68.3%) and aide rates too low (67.2%). Few parents believe rates are too high (1.6% - 6.5%)

The groups they think should most receive public help to pay for day care are parents working at low income jobs (97.6%; on public assistance but working or being trained (95.2%); in high school or college (84%); having family problems such as child abuse (77.2%). About half think middle income parents should also receive help (55%). They do not support public help for parents not working who want day care (16.9%) or for high income parents (4.4%).

They are about equally divided in their views on whether single parents should work full time (26.2%), part time (29.9%) or stay home (36.6%), with 6.7% suggesting other options such as staying home the first few years, then working full time, etc.

Most of them (60.5%) say they don't know about the day care rules. Of those who do, 81.6% think center rules are about right; 72.3% say that about family day care, and 75% about aides. About equal numbers (10-15%) think family day care and aide rules are too little, and are too much.

They support DSS rules for day care (83.8%) for these reasons: rules protect children from being harmed (42.4% 1st; 26.4% 2nd; 7.4% 3rd), and the state must make sure programs are adequate (37.9%, 1st; 24.8%, 2nd; 18.9%, 3rd). High second and third choice reasons include helping parents know what program should have (6.1%; 20.2%; 35.2%) and helping providers know what to do (3.8%; 20.2%; 21.3%).

Providers' views on child care The overall views of the total providers' group are presented in this section. Providers' views include those who serve DSS paid children; who do not serve DSS paid children and those not caring for any children presently. Comparisons of the DSS/non DSS groups and the various provider sub-categories will be discussed for selected variables in a following section.

Providers as a group also supported the concept of publicly paid day care, although not at as high a level of support as the parent group or as the governmental agency group. Of the providers, 66.9% were in favor of public payment for day care. The major reasons given by those who were in favor were, as first choices, allowing parents to work or get training (35.9%); to help parents get off welfare (21.4%), and to give children better care (20%). Second choices included "parents' working" (30.6%) and "off welfare" (20.5%), as well as giving children learning experiences (18.7%). Highest third choices were giving children learning experiences (25.5%) and giving children better care (24.5%).

Most providers (81%) thought DSS help was needed by parents in order for them to get the best type of day care (31.2%-first choice). With the exception of that response, all four choices were selected about equally by providers.

They highly support parent education (91.4%) and they selected parents' needing to know how children grow and develop as the first choice education area (47.3%). Highest second and third choices were parents knowing how to help their child learn at home (28% 2nd; 29.2% 3rd) and keeping their child healthy (25.2%, 2nd; 23.1%, 3rd). These knowledge areas were those also selected by parents.

Providers differed from parents in their ranking of the best type of care for most children. They selected center care as first,

as did parents, (43.5%), but family day care home was ranked second (35.9%), aide third (19.3%) - - the reverse of the parent rankings. They agreed with parents that the most important thing to find in the day care setting is love and attention (35.5%, 1st; 25.5%, 2nd; 15.5%, 3rd). However, second ranking first choice for the entire group of providers was "care like a mother's care" (24.1%), which was not a selection of parents. Provider groups differed in their choices on this question; those differences will be discussed in a following section.

Center care (43.1%) and family day care (37.9%) were chosen about equally by providers as the best place to get what they want in a care setting. Their second choices (center 47.7%, family day care 32.8%), and third choices (center 50%, family day care 31%) were also similar to their first choices.

Providers supported center care for children 5 - 7 (61.5%), but were divided between center (45.7%) and family day care (44.7%) for children 2 - 5. They selected family day care (50.5%) and aide care (41.2%) as best for infants under 2.

Most providers indicated familiarity with the payment rates (71.4%) and supported payment direct to the provider (87.6%). On center care rates they were divided between thinking payment rates about right (46.4%) or too low (50.8%); but a higher majority felt rates were too low for family day care (63.9%) and aide care (56.5%). Few providers thought that rates were too high (.3 to 3.1%).

Providers agreed that these groups should have public support for day care: public assistance parents working or being trained (94.5%) problem families (85.2%), high school or college parents (80.9%), and low income job holders (93.3%). They were divided on support for middle income families (yes-45.7%, no-53.9%) and were against supporting high income families (89.4%) or others who wanted day care (83%).

The views of the provider group as a whole were slightly more supportive of single parents staying home (40.5%), rather than working part time (33.5%). Only 14.5% thought single parents should work full time, with 11.5% suggesting other options.

The majority of providers are familiar with the rules for day care (72.3%); think center rules are about right (75.7%); family day care rules about right (69.6%), and aide rules about right (66.4%). They are supportive of rules in general, 87.8% agreed that DSS should have rules. Prime reasons rules are necessary are the state's responsibility for adequate care (41.3%) and protection from harm for children (35%). Second and third choices concerned help for parents (20.8%-2nd, 25.8%-3rd) and help for providers (20.1% 2nd, 22.5%-3rd).

Governmental Agency Personnel's Views on Child Care Day care service workers' and consultants' views are similar on many issues but they also differ on a number of issues. They are both supportive

of public payment for day care (workers 81.6%, consultants 84.2%). However, reasons differ to some extent. Workers think parents working or being trained is most important (1st choice 53.3%), with getting off welfare as a second reason of important (30.4%). Consultants agree that work or training is important (26.3%), but believe giving children better care is the most important reason (36.8%). Both groups agree that giving children learning experiences are important (workers 3rd choice 33.7%), (consultants second choice 22.2%, third choice 23.5%). Consultants often also selected getting off welfare as a 2nd choice (33.3%).

They agree that parents need DSS help to get child care (workers; agree 87.4%; consultants; 89.5%); workers because they need help in getting care paid for (61.5% 1st), and finding openings (40.2 2nd). Consultants think getting care paid for is important (33.3% 1st), but that deciding on the right type is also important (38.9% 1st). They chose finding openings also as a prime second choice (42.9%).

100% of consultants and 97% of workers believe parents need education. They agree that knowledge of child growth and development is most important (workers 51% ist, 20.7% 2nd), consultants 86.4% 1st, 14.3% 2nd). As second choice they agree that knowing how to help children learn at home is important (workers - 37%; consultants 42.9%).

They differ on the kind of care they think best for most children with 43.5% of workers choosing family day care, 43.8% of consultants choosing center care. Center care is second among workers (35.9%),

and family day care second among consultants (43.8%). A number of consultants indicated that some combination was best (12.5%).

A major concern in a child care setting is that children receive love and attention (workers 51.4%; consultants 45.5%). However, consultants also chose people trained in child care as a first choice (27.3%). Consultants' second choice was also trained staff (31.8%) while workers' second choice was children learning to get along with others (27.2%). Third choice for both groups was planning learning activities (workers 30.3%, consultants 25%).

Family day care or day care centers were chosen by workers as the place to get their first concern (26.3% center, 31.6% family day care). They chose center care as prime second and third choice 43%, 60.4%). Consultants picked center care most for all three choices (40%, 56.3%, 64.7%).

For children 5 - 7, center care was picked by both groups (workers 46.1%, consultants 72.2%), and for children 2 - 5, center care was also the choice (workers 49%, consultants 66.7%). For infants, both preferred aides (workers 68%, consultants 47.4%). Family day care was chosen by consultants as a good type for infants (36.8% and by workers as a good type for 5 - 7 (27.5%), and 2 - 5 (32.4%).

Both groups are familiar with payment rates (workers - 99.1%; consultants 95.5%) and think rates are too low for family day care (workers - 59.2%, consultants - 86.7%) and too low for aides (workers

56.4%, consultants 72.7%). However, workers thought center rates about right (70.8%) or too high (22.6%), while consultants thought them too low (65%) or right (35%). They agree that payments should go directly to the day care providers (workers 86.7%, consultants 77.3%).

They agree that public payment for day care should go to people presently eligible for DSS funds: those on public assistance working or being trained (workers - 100%; consultants - 100%); family problems (workers - 98.1%; consultants 95.7%); high school or college (workers - 80%; consultants - 100%); low income (workers - 96.2%; consultants - 100%).

However, consultants more strongly support public funds for other parents, middle income (workers - 54.4%; consultants - 82.6%); high income (workers - 14.6%; consultants - 47.6%); all who want day care (workers - 8.1%; consultants - 60.9%).

Workers indicate a spread over the choices for single parents (full time - 20%, part time - 39%, stay home - 23.8%, other options 17.1%), while consultants either believe parents should work part time (34.8% or should be free to select any option they choose (52.2%).

They are both familiar with day care rules (workers 95.2%, consultants 90%), and agree that center and family day care rules are about right (workers - 80.9% center, 75% family day care; consultants 71.4% center, 71.4% family day care. They both agree that aide rules are too minimal and should be greater (workers - 67%, consultants 72.7%).

They agree that DSS should have rules (workers - 92.9%, consultants 95.5%) for the major reasons of protecting children from harm (workers 44% 1st choice, consultants 82.6% 1st choice) and because the state has the responsibility to insure adequate care (workers 28.7% 2nd choice, consultants 65.2 2nd choice).

Comparisons of Subsamples on Ten Selected Variables (Part 2 of Questionnaire)

Ten variables were selected for statistical comparison in order to determine if there were systematic relationships between the respondent categories and the frequencies of their responses in the question categories. Chi-square was used to test the condition of statistical independence. The questions of interest were the following:

1. Why do parents select a particular type of care? (respondents' first choices were tested)
2. What do parents need to know more about in parent education? (first choices)
3. What type of care is best for most children?
4. What would the respondent look for in care for own child? (first choices)
5. What type of care would be most likely to provide the desired quality? (first choices)
6. What type of care is best for 5-7 year olds?
7. What type of care is best for 2-5 year olds?
8. What type of care is best for 0-2 year olds?
9. Should public assistance parents have care paid for?
10. Should single parents stay home, work part time, or work full time?

The subsamples which were cross-tabulated for the Chi-square statistical analysis were the following:

1. Parents/providers
2. DSS parents/DSS providers
3. DSS providers/NonDSS providers
4. Consultants/Day care service workers
5. Consultants/Centers
6. Day care service workers/Family day care home providers
7. Day care service workers/DSS parents
8. DSS parents using different types of care
9. DSS providers of different types of care
10. Non DSS providers of different types of care
11. DSS family day care home providers/Non DSS family day care home providers
12. DSS center providers/Non DSS center providers
13. DSS parents using care and not using care

Because of the large number of tests of significance only those tests which were significant at .0004 or greater level are discussed here. This is a conservative estimate of the significant differences in group patterns of response, however, it makes a Type I error unlikely (finding statistical differences where no true differences exist). Table I gives the X^2 statistics and levels of significance for the comparison groups on all 10 variables, for all levels of significance less than .05.

Variable 1: Why do parents select a particular type of care?

The Chi-square statistic was significant for comparisons 1,2,4, 5,6, and 7. Parents and providers were similar in frequency of highest first choices - best type for child (approximately 40%), but providers rated convenience as second highest frequency choice (30%) while parents selected a wider variety of second highest choices. The pattern of responses of consultants and workers differed not in frequency of first choice (both selected convenience - consultants 56.5%; workers 43.9%) but in second highest frequency choice consultants picked "only type available" - 21.7% while workers picked "know caregiver" - 23.5%. Center providers, family day care home providers, and parents all had different patterns of response than the state personnel; their highest frequency first choice was "best type" while state personnel rated "convenience" as highest frequency choice. Thus, there appears to be a systematic relationship between the respondent groups and their opinion of why parents select a type of care, with state agency personnel differing from other groups.

Variable 2: What do parents need to know more about in parent education? Comparison 9 - DSS provider groups - was the only statistically significant one on this variable. Center providers had a high frequency of choice (65%) for parents needing to know "how children grow and develop". While family day care home providers and aides both selected this option at about 30% level, they also frequently selected parents needing to know "how to make their child behave better" (family day care - 25%; aides - 27.6%). Center pro-

viders seldom selected that choice (8.9%). No other comparisons were significant; knowing how children grow and develop was the most frequent choice of all groups.

Variable 3: What type of care is best for most children?

The Chi-square statistic for comparisons 1,5,6,7,8,9,10, and 13 were significant. Parents and providers differed not on highest frequency first choice but on second highest frequency. Both selected center care as best, but more parents selected aide care and more providers selected family day care as the second most frequent choice. Centers differed from consultants not on highest frequency choice but on strength of choice. Consultants picked center care by 43.8%; centers by 87.8%. Similarly, workers and family day care providers both picked family day care as best, but workers selected that option by 43.5%; providers by 82.1%.

Parents were primarily in favor of center care (52.6%) while workers selected family day care. Different types of providers each selected the care type they provided as first choice, with the exception of aides not presently providing care. They split between center care and aide care as best. Parents selected the type of care they were using as best, with the exception of family day care users who split their choice relatively evenly across all three types. Since many parent users of family day care indicated they had chosen that care on the basis that it was the "only type available" (Variable 1), their wide range of choices on the best type may reflect that not all of them were able to choose the

kind of care they would have preferred. This difference in parent response on Variable 1 approached significance (.0016 level). Parents not using care split their choice between center and aide care.

Thus, a systematic relationship does seem to exist between the respondent groups and their opinions of the best type of care for most children.

Variable 4. What would the respondent look for in care for own child? There was a systematic relationship on this variable for comparisons 6 and 9. Day care workers and family day care home providers had different frequencies of first choice. Workers most frequently selected "love and attention" (51.4%), while family day care home providers selected "care like a mother's care" (42.7%). Providers differed in their patterns of response, with center providers selecting "love and attention" (45.5%), family day care home providers selecting "care like a mother's care", and aides dividing their choice evenly between the two options. Most of the respondent groups selected "love and attention" most frequently as a first choice.

Variable 5: What type of care would be most likely to provide the desired quality? The place to find this most desired quality was systematically related to some respondent groups, with comparisons 5,6,8,9,12, and 13 being significant. With the exception of the

family day care providers, "love and attention" was the most frequent choice on variable 4. However, opinions of where to find love and attention (variable 5) differed with parent and provider groups. Parents generally selected the type of care they were presently using, and providers selected the type of care they were presently giving. Parents not using care selected center care and aides divided their choice evenly between aide care and center care. Workers differed from family day care providers, not on most frequent choice but on strength of that choice. Workers selected family day care by 31.6%, providers selected it by 72%. Center providers not serving DSS children were less strong in their support of center care (47.1%) than center providers serving DSS children (85.3%). In general, however, although the quality desired was similar across groups, opinions of the place to find this quality differed systematically with the group.

Variable 6: What type of care is best for 5-7 year olds? With the exception of comparison 9 - the DSS provider groups - there were no systematic relationships among groups on this variable. The one difference in pattern was due to the strength of support among center providers for center care (80.8%). Although family day care home providers (53.5%) and aides (48.6%) both chose center care most frequently, they both had high frequency of choice for family day care (30-40%). Center care was the prime choice for children of this age level in all groups.

Variable 7: What type of care is best for 2-5 year olds?

The Chi-square statistic was significant for comparisons 1,3,6,8,9,10 and 13 on care for this age child. Providers were split almost evenly between center and family day care homes, while parents were more strongly in favor of center care (52.8%) and evenly divided between aide and family day care. Parents were divided in choice primarily on the basis of type of care they used, with the exception of parents using family day care and parents not using care, who both indicated more support for center care than family day care. Providers split along lines related to the type of care they provided with the exception of aides, who chose a wider variety of care options. Day care service workers differed from family day care home providers by choosing center care as preferrable (49%) while providers chose family day care (86%). DSS providers were more supportive of center care (56.7%) while nonDSS providers chose family day care more frequently (57.9%).

Variable 8: What type of care is best for 0-2 year olds?

There was only one significant relationship on this variable, since the overwhelming choices of all groups were aide or family day care homes. Day care workers differed from family day care providers by choosing aide care most frequently (68%) while providers picked family day care (64.7%). No groups picked center care at higher than 15% frequency.

Variable 9: Should public assistance parents have care paid for? The Chi-square statistics revealed no systematic differences among groups on this variable. Apparently the need for public support for day care for this group is generally approved. Although the other categories of potential groups who might have publicly supported day care were not tested statistically, examination of the percentage categories indicate that the respondents agree with most of the presently supported categories, split on support for the middle income group, and are opposed to support for the high income and non-needy care desiring groups.

Variable 10: Should single parents stay home, work part time, or work full time? This variable was statistically significant for comparisons 2,5,6,9,10. Parents chose all three stated options about equally, while DSS providers primarily selected 'work part time' or 'stay home'. Consultants differed from center providers by selecting the fourth option (own or other choice) most frequently while center providers selected "part time work". Day care workers selected "part time work" while family day care providers selected 'stay home' as their most frequent choice. Center providers differed from other providers by selecting "part time work" while other providers most frequently picked 'stay home'. Thus, while parent groups were not differentiated by this variable, there were systematic relationships among provider groups and between provider groups and state agency personnel. No provider group selected "full time work" for parents as their preferred option.

In summary, the variables which showed systematic relationships between the respondent categories and their choice options were variables 1, 3, 5, 7, and 10. In most cases responses were related to the type of care being used, being monitored, or being provided by the respondent category group. On variable 10, however, a predicted relationship between providers of full time care and a positive view of parents working full time was not evident. Apparently, even though most providers receive their living from full time care of children, they do not support parental full time work. This value issue may need further exploration.

Mean Scores on Views of Early Childhood Education (Part 3 of questionnaire)

Sponseller and Fink (1980) identified three major value orientations toward early childhood education which seemed to be characteristic of a national sample of early childhood practitioners (center directors and/or teachers), who responded to an earlier survey. Practitioners responses indicated (1) a positive orientation toward out-of-home early childhood education, (2) a positive orientation toward parent choice and family-centered approaches, and (3) an ambivalent orientation toward value statements in which conflict between family-centered approaches and out-of-home early childhood education was evident. The following comparison indicates how respondents in the present study viewed

these value issues. Their mean level of agreement with a subset of the statements from the previous survey are compared with the means from the initial sample. Mean level of 2.55 or below indicates agreement; 2.56 to 3.45, uncertainty; 3.46 or above, disagreement. Table II indicates these mean scores. The present sample appears to be slightly less positively oriented toward out-of-home early childhood education and slightly more positively oriented toward family-centered approaches. However, when sub-sample means are examined, subgroups have different levels of agreement with the initial sample on some statements. Table III indicates those differences. Those differing from the initial Table II sample are starred.

In general, center providers, consultants, and parents using care responded most like the initial sample of practitioners who were center directors and/or teachers. Center providers were in accord with the initial center sample on all but statement 3. Least in agreement were parents not using care, aides and family day care providers. In most cases they indicated more ambivalence concerning the value of out-of-home early childhood education. Day care workers were more similar in response to family day care providers than they were to consultants. Some of the uncertainty expressed by respondents may have been due to the reading difficulty level of the statements. For example, the word 'compulsory' may have contributed to the number of uncertain responses indicated by parents, family day care home providers, and

aides. The effect of reading difficulty level can not be ascertained. With the exception of the possibility that the "uncertain" category received some portion of misunderstood statements, respondents appear to hold value viewpoints not too dissimilar from the initial sample of respondents. They hold a somewhat positive orientation toward out-of-home early childhood education, a stronger positive orientation toward parent choice and family-centered approaches, and an ambivalent orientation on value statements which have conflicts between the two former orientations.

Differences Among Groups on the Three Value Dimension Scores

The underlying value dimensions which are related to the questions of interest have been discussed in two other papers (Sponseller, 1980a, 1980b). In summary, these dimensions speak to three value issues: 1. State versus parental control of and responsibility for child care; 2. Scope of child care which should be supported publicly, and 3. Level of quality of child care which children need. The questionnaire was designed to be scoreable on these three value dimensions in order to determine whether groups could be differentiated in their value positions on an overall measure. An arbitrary scoring system was designed which gave points for the continuum ends on these dimensions. On the control/responsibility dimension, answers stressing state control and responsibility scored 2, answers stressing parental control and responsibility scored 1. On the scope dimension,

answers stressing a wide range of services and/or a wide distribution of services scored 2, answers stressing a narrow approach to services scored 1. On the quality dimension, answers stressing a maximal quality level scored 2, answers stressing a minimal quality level scored 1. On the quality dimension, content was not differentiated; that is, specific content items were not evaluated as to whether they were essential for quality, rather, the respondents' answers addressed to the 'best for children' were scored 2, those addressed to 'not harming children' or to other than child considerations were scored 1.

CHI-SQUARE COMPARISONS

Groups	Variables 1	2	3	4	5	6	7	8	9	10
1. Parent Provider	X^2= 97.57 (6 df) P < .0000 *	NS	X^2= 36.28 (5 df) P< .0000 *	X^2= 23.49 (12 df) P< .0238	X^2= 24.36 (7 df) P< .001	X^2= 21.43 5 df P< .0007	X^2= 30.8 5 df P< .0000 *	NS	NS	X^2= 13.86 4 df P< .0078
2. DSS Parent/ DSS Provider	X^2= 60.90 (6 df) P< .0000 *	NS	X^2= 16.65 (4 df) P< .0023	NS	NS	X^2= 20.84 (5 df) P< .0009	X^2= 10.79 (4 df) P< .0290	NS	NS	X^2= 20.44 4 df P< .0004 *
3. DSS Provider/ Non-DSS Provider	NS	NS	X^2= 16.71 5 df P< .0051	NS	X^2= 20.59 6 df P.0022	NS	X^2= 25.67 4 df P< .0000 *	NS	X^2= 5.83 1 df P< .0158	X^2= 15.46 4 df P< .0038
4. Consultant/ Day Care Worker	X^2= 25.08 P< .0003 6 df *	NS	X^2= 11.67 5 df P< .0396	NS	NS	NS	NS	X^2= 12.69 3 df P< .0054	NS	X^2= 14.83 3 df P< .002
5. Consultant/ Center	X^2= 26.71 6 df P< .0002 *	NS	X^2= 33.48 5 df P< .0000 *	NS	X^2= 25.05 5 df P< .0001 *	NS	NS	NS	NS	X^2= 21.94 4 df P< .0002 *
6. Day Care Worker/ Family Day Care	X^2= 60.89 6 df P< .0000 *	X^2= 19.96 6 df P< .0028	X^2= 32.18 4 df P< .0000 *	X^2= 30.9 9 df P< .0003 *	X^2= 29.23 6 df P< .0001 *	X^2= 11.59 5 df P< .0409	X^2= 55.36 5 df P< .0000 *	X^2= 40.83 3 df P< .0000 *	X^2= 5.23 1 df P< .0222	X^2= 21.93 3 df P< .0001 *
7. Day Care Worker/ DSS Parent	X^2= 60.32 6 df P< .0000 *	NS	X^2= 43.46 5 df P< .0000 *	X^2= 23.88 11 df P< .0132	X^2= 24.66 7 df P< .0009	X^2= 12.17 5 df P< .0325	X^2= 15.63 5 df P< .0080	X^2= 17.58 4 df P< .0015	NS	X^2= 13.06 4 df P< .0110

	1	2	3	4	5	6	7	8	9	10
8. DSS Parent Groups 1,2,3,4	X^2= 40.93 18 df P < .0016	NS	X^2= 73.13 9 df P < .0000 *	X^2= 51.62 30 df P < .0084	X^2= 112.83 18 df P < .0000 *	X^2= 26.51 12 df P < .0091	X^2= 42.09 12 df P < .0000 *	X^2= 30.24 12 df P < .0026	NS	NS
9. DSS Provider Groups 8,10,3	X^2= 19.16 10 df P < .0383	X^2= 38.29 12 df P < .0001 *	X^2= 163.38 6 df P < .0000 *	X^2= 77.75 20 df P < .0000 *	X^2= 101.16 10 df P < .0000 *	X^2= 28.39 8 df P < .0004 *	X^2= 106.39 6 df P < .0000 *	X^2= 13.38 6 df P < .0374	NS	X^2= 32.01 8 df P < .0001 *
10. Non-DSS Provider Groups 9,11,12,14	X^2= 24.65 12 df P < .0166	X^2= 30.13 15 df P < .0115	X^2= 82.66 15 df P < .0000 *	NS	X^2= 32.15 18 df P < .0211	NS	X^2= 66.87 12 df P < .0000 *	NS	NS	X^2= 35.14 12 df P < .0004 *
11. DSS Family Day Care/Non-DSS Family Day Care	NS	NS	NS	NS	NS	NS	NS	NS	NS	X^2= 10.44 3 df P < .0152
12. DSS Center/ Non-DSS Center	NS	NS	NS	NS	X^2= 22.67 5 df P < .0004 *	NS	NS	NS	NS	NS
13. Parent Groups 1 2 3 4 5	X^2= 44.56 24 df P < .0066	NS	X^2= 78.96 12 df P < .0000 *	X^2= 64.14 40 df P < .009	X^2= 115.49 28 df P < .0000 *	X^2= 29.21 16 df P < .0226	X^2= 47.19 16 df P < .0001 *	X^2= 37.62 16 df P < .0017	NS	NS

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TABLE II

	INITIAL SAMPLE EARLY CHILDHOOD PRACTIONERS	PRESENT SAMPLE PARENTS	PROVIDERS	STATE AGENCY PERSON
THE FOLLOWING STATEMENTS ARE ONES WITH WHICH THE INITIAL SAMPLE AGREED:				
1. A child's participation in an early childhood program is beneficial	1.47 agree	2.21 agree	2.21 agree	2.22 agree
2. It would be desirable if all children were to attend an early childhood education program	2.16 agree	2.59 uncertain	2.68 uncertain	2.86 uncertain
3. Free early childhood programs should be made available for all parents who choose to take advantage of them	2.28 agree	2.52 agree	2.66 uncertain	2.62 uncertain
THE FOLLOWING STATEMENTS ARE ONES WITH WHICH THE INITIAL SAMPLE DISAGREED:				
4. Early childhood education programs are no better than the average mother	4.07 disagree	3.38 uncertain	3.35 uncertain	2.82 uncertain
5. The establishment of free early childhood education programs should be opposed	3.61 disagree	3.57 disagree	3.36 uncertain	3.42 uncertain
6. The availability of free early childhood education programs would undermine the family	4.03 disagree	3.53 disagree	3.62 disagree	3.73 disagree
7. Mothers of children under five should be required to remain at home and should be paid for performing their child rearing role	4.52 disagree	3.47 disagree	3.66 disagree	3.89 disagree

	INITIAL SAMPLE EARLY CHILDHOOD PRACTIONERS	PRESENT SAMPLE PARENTS	PROVIDERS	STATE AGENCY PERSON
8. Carefully designed and professionally staffed state-supported early childhood education should be made compulsory for all children	4.01 disagree	3.22 uncertain	3.50 disagree	3.85 disagree
THE FOLLOWING STATEMENTS ARE ONES IN WHICH THE INITIAL SAMPLE WAS AMBIVALENT:				
9. Early childhood education is the parents' responsibility, not the states	2.65 uncertain	2.58 uncertain	2.58 uncertain	2.48 agree
0. Families cannot provide the experiences for their children that a quality early childhood education program can provide	3.32 uncertain	2.87 uncertain	3.18 uncertain	3.33 uncertain
11. Parent education programs would be preferable to out-of-home early childhood education programs.	3.17 uncertain	2.86 uncertain	2.89 uncertain	2.82 uncertain
12. Income maintenance programs and flexible work schedules should be established to enable parents to be home with their children	2.91 uncertain	2.54 agree	2.73 uncertain	2.73 uncertain

TABLE III

Initial sample	Subsamples						
	Puc	Pnuc	Centers	Family day care	Aides	Workers	Consultants
1) 1.47 agree	2.18	2.32	2.05	2.26	2.20	2.23	2.13
2) 2.16 agree	2.58*	2.63*	2.44	2.79*	2.79*	2.86*	2.87*
3) 2.28 agree	2.44	2.32	2.75*	2.59*	2.53	2.69*	2.30
4) 4.07 disagree	3.42*	3.22*	3.65	3.10*	2.96*	3.24*	3.64
5) 3.61 disagree	3.61	3.40*	3.49	3.20*	3.19*	3.38*	3.61
6) 4.03 disagree	3.57	3.37*	3.78	3.47	2.74*	3.69	3.91
7) 4.52 disagree	3.51	3.26*	3.86	3.47	3.34*	3.89	3.87
8) 4.01 disagree	3.24*	3.13*	3.69	3.44*	3.02*	3.86	3.78
9) 2.65 uncertain	2.60	2.53*	2.68	2.24*	2.53*	2.39*	2.91
10) 3.32 uncertain	2.85	2.95	3.02	3.16	3.00	3.36	3.17
11) 3.17 uncertain	2.87	2.82	3.08	2.66	2.76	2.76	3.09
12) 2.91 uncertain	2.60	2.35*	2.86	2.57	2.65	2.81	2.46*

*differing from initial sample

Questions were scored on all three dimensions by four trained coders. Reliability of agreement among coders was at 85% level or above on all three dimensions. The scoring measure is not expected to be a definitive statement of the respondents' value positions; however, it provides a pilot test of the three conceptual dimensions. Respondents' positions on these dimensions can be compared with their responses on specific questions in the survey. For example, if a certain group of respondents scored high on the 'scope' dimension, examination of their specific answers might reveal advocacy of a wide range of services or widely distributed public support of child care. This conceptual framework was developed to provide an additional method of analysis exploring the sources of value positions. These positions influence public policy decisions related to state/parental control and responsibility, to scope, and to quality of child care advocated by state and national groups.

Differences between the groups on these scored dimensions were analyzed in two ways. First t-tests between the basic sample groups were done. Results indicated significant differences between parents and day care services workers on all three dimensions, with workers having higher scores. (control: $t=3.77$ $p<.0000$; scope: $t=4.39$ $p<.0000$; quality: $t=5.72$ $p<.0000$). Parents and providers differed on quality ($t=5.22$, $p<.0000$; as did DSS parents and DSS providers ($t=4.81$, $p<.0000$) with providers having higher quality scores. DSS providers differed from non DSS providers on control; with DSS providers having

higher scores ($t=2.43$, $p<.013$. There were no significant differences between DSS workers and consultants or between consultants and centers; however, DSS workers and family day care home providers differed on control/responsibility ($t=6.05$, $p<.0000$) and scope ($t=4.55$, $p<.0000$), with workers having higher scores.

Analysis of variance between the subgroups in each sample revealed some significant differences. Post hoc pairwise comparisons analysis (Tukey) indicated which pairs accounted for the differences. There was a significant difference on control/responsibility among parents using care ($F_{4,162}=3.002$, $p<.0211$) with the difference being between parents using center care and parents using aide care. Parents using center care had higher control/responsibility scores. There was also a significant difference between these two groups when all 5 parent groups were compared. (Control/responsiblity: $F=4.055$, $p<.0086$; scope: $F=3.386$, $p<.0202$) Center care parents' scores on control/responsibility and scope were higher than aide parent users' scores.

Among provider groups there were significant differences on all three dimensions (control/responsibility: $F=8.078$ $p<.0000$: scope: $F=5.322$, $p<.0000$; quality: $F=11.036$ $p<.0000$) Pairwise comparisons showed that the differences were primarily between the center DSS providers who had higher scores on all three dimensions and the various other groups. On the quality dimensions pairwise differences were also evident between DSS aide providers and all other groups except aides not giving care. Aides had lower quality scores than the other groups.

Comparison of DSS provider groups only showed similar significant differences between the three groups (control/responsibility: $F=18.583^{2.189}$ $p<.0000$; scope: $F=14.183$ $p<.0000$: quality: $F=27.496$ $p<.0000$) with DSS center providers being different from all other groups except non DSS center group. Family day care providers also differed from aide providers on quality. NonDSS providers differed from each other only on quality ($F=2.831^{3.138}$ $p<.0408$) with center providers compared to aide providers accounting for the difference. There were no significant differences between either group of center providers and consultants on any of the three dimensions. Day care services workers differed on control/responsibility and scope from both DSS and nonDSS family day care home provider groups (control: $F=18.225^{2.194}$ $p<.0000$; scope: $F=10.492$ $p<.0000$) They did not differ on quality scores.

In summary, the statistical analysis indicated that there are differences among the respondent groups on these three dimensions, at least as they were measured by the coding and scoring system developed for this study. Further testing of the system will be necessary to determine whether these differences are valid and reliable across a wide range of respondent samples.

Results of the interview phase of the study.

A total of 73 interviews were completed during the second phase of the study. There were 28 parents, 29 providers, and 12 state agency personnel from the initially selected random sample who agreed to be interviewed in person. There were 4 who were interviewed by phone because of problems in making the face to face contact. There were also a number of persons in the sample who decided they did not wish to be interviewed (2), who could not be contacted because of mailing

address changes (7), or who were not interviewed for logistical reasons, such as not being there when interviewer arrived for appointment (3).

The random sample came from throughout the state and included some male respondents, directors of an infant center, a migrant center, an after school program, and a center for exceptional children. The sample covered the entire age range of respondents and included people with a variety of experiential backgrounds.

The interviews were conducted for approximately an hour, and written notations were made on the interview format form. After the session, interviewers also wrote a brief overview of each interview, stressing the major issues which arose during the discussion.

In general, the interviews provided explanatory depth for the survey answers. Respondents who were interviewed were usually consistent in response with the results of the mailed questionnaire responses. A few general themes which were characteristic of the interview respondents' views will be described briefly. The details will be included in a later report.

1. Some of the parents who were interviewed reported having had problems in finding out about the availability of day care. Often they heard about it from another parent. When they asked their worker about it, the worker was very helpful in getting the process accomplished. However, workers often did not initiate the process. Parents' experience related to the problem some workers mentioned of being so consumed by paperwork and technical requirements that they felt unable to provide important service elements to parents. Although some parents expressed dissatisfaction with workers 'rudeness', etc., many parents had examples

of workers' helpfulness to relate. Both parents and workers may be caught up in a system in which workers' job requirements make a child care consulting or advisory role an objective difficult to achieve. Similarly, workers indicated that time to monitor programs and consult with family day care providers was often hard to find.

2. Interview respondents' in all groups (parents, providers, state agency personnel) sometimes expressed views about parents that had a negative judgemental quality. For example, a number of interview respondents thought parent education was important because some parents (not themselves) were uncaring, uninformed and/or irresponsible. However, many respondents were not sanguine about the possibilities for increasing parent education. Providers who had tried to have educational activities remarked on their discouragement with getting parents to attend. Parents sometimes commented that other parents would be good parent education sources but they were not clear on how to encourage this. Respondents often suggested the public school as the place where parent education should be done. While parent education was seen as crucial, many respondents do not sound hopeful that it will happen. Much of their expression that this education is needed is confounded by their value judgements that today's parents are not doing a good job.

3. Most interview respondents expressed ambivalence about public support for care, even though their livelihood is dependent on child care. Rural providers and parents in particular seem to hold very ambivalent values. Parents were somewhat apologetic about their need for care and evidenced a desire to pay their own way as soon as possible. Providers often expressed the view that care should be paid 'only if

necessary'. While city providers and parents often expressed similar views, they were more likely to point out the state responsibility dimension and to view child care as a positive experience. It seems that many respondents think children may benefit, but they still have a sense that children should be home. As one of the interviewers commented, "Parents often had a wistful quality, when they described what should be." Most respondents resolved the dilemma by talking about "them" and "me." For example, some parents said parents should be home, but then qualified it by saying, "of course, I need this training so must have child care." Similarly some family day care providers said mothers should stay home, but then qualified it by "when my children get a little older, I'm getting an outside job." Other providers and state agency personnel were ambivalent at times also. Even though the respondents' behavior indicates support of day care, their values seem to be more traditional than their behavior.

4. Parents often did not know state rules, or even that rules existed at the state level. They often knew the rules stated by their particular provider, but not whether those were idiosyncratic or state-specified rules. There is apparently no effective means or presently developed media which helps parents understand the rules governing the various provider groups. If parents are to be effective consumers, this knowledge is essential.

5. One question asked of interview respondents was what were the care needs of children over 7. Respondents indicated that after school care for children over seven was greatly needed. They did not think that children in the seven to 10 age range should be left alone. Day

care needs of this age child have rarely been addressed, and these respondents are concerned about children of this age range being left alone.

6. There was a difference in the views of parents and providers on their perception of the process parents use to select care. Many parents gave detailed descriptions of the process they went through and told how much trouble they'd had getting care that they felt was good for their child. Many had gone through a lot of steps before they were satisfied. On the other hand, providers cited many instances of parents seeming to care very little. Stated that many parents asked no questions concerning the quality of care they provide and never asked to visit before putting their child in care. Parents' reluctance to question may be due to lack of knowledge about rules and quality standards or to a lack of interest. Or it could be they are unable to face the fact that among their available choices, none may be good, yet they must work. Parents may not be able to afford to know, if their care choices are limited.

The interview data explores more deeply the dilemmas parents, providers, and state agency personnel face within the child care system. Further analysis of the data will give explanatory depth which will be useful to child care advocates as they engage in the policy making process.

CONCLUSIONS AND RECOMMENDATIONS

The results of the mailed survey and initial inspection of the interview data both indicate that there are points of agreement and of potential conflict among the various groups who responded to the questions of interest. Some of these differences are between parents and providers or between parents and state agency personnel. Often, however, differences of viewpoint between various groups of providers or between state agency personnel and/or providers are evident. There are also points of agreement in viewpoint for all groups.

Although generalization must proceed with caution, the results can provide some direction for child care advocate groups who wish to take the views of these respondent groups into account when deciding on policy stances. The following conclusions and recommendations may be drawn from the study:

A major area of agreement in the general support for public assistance is for day care for those groups presently being supported and for extension of that support to all low income and possibly to middle income families as well. Strong support for universal child care for all families was evident only in the consultant group. The Michigan child care community (parents, providers and state agency personnel) do not seem to be ready to support universal publicly funded child care, if these respondents' views are representative. Therefore, child care advocates may wish to focus on extending access to publicly assisted care to all low income families and to supporting a measure of assistance to middle income families.

Another major area of agreement is in the recognition of the need for parent education, especially to help parents learn more about their

children's growth and development. All groups, including parents, saw this as a major need. Since the thrust of day care support rarely recognizes parent education as a vital component, child care advocates may wish to pursue methods for increasing parent education opportunities in day care, either through existing child care groups and agencies or through innovative methods such as media.

A third area of agreement of respondents is in the preferred method of payment for day care. All groups agree that direct payment by the state to the provider is best. Therefore, child advocates may wish to resist payment plans which do not include direct provider payment.

Fourth, the groups agree that the first need of children in child care is love and attention. A number of groups, including parents, also stress the need for trained staff. In addressing quality issues in child care, child advocates may wish to support rules and practices which increase the likelihood of children receiving love and attention (for example, high adult to child ratios) and to support training plans which will increase the capabilities of the care givers in every type of care.

Fifth, the groups agree on the benefits of group care for older children and on the need for individualized care for infants and toddlers. Child advocates may wish to support the extension of after school group care programs and to address issues of quality and increased financial support for aide and family day care for infants. Parents are presently not as supportive of family day care as of other types of care. Perhaps it is because of lack of familiarity with this type care or perhaps parents'

perception is that it lacks quality. The reasons need further exploration. Advocates of family day care may need to work toward increasing parents' willingness to use this type of care if parental satisfaction with this type of care is to be increased.

Sixth, all groups are supportive of state rules for child care programs and yet many parents do not know the rules which exist for the type of care they are using. Child advocates may wish to work on methods for providing basic rule information to parents so that they can be effective consumers of child care. Since parents indicate that consideration of the best type of care for their child is their major reason for choosing care, they need the rule information to help them in that decision.

There are also a number of value areas where the various respondent groups were in conflict. Child advocate groups may need to determine how the viewpoints which divide parents, providers, and state agency personnel can be mediated so that child care access can be extended.

One area of disagreement is in views of the best type of care to be available to children. In general, the provider groups prefer the type of care they are giving and the parents prefer the type of care they are using. Thus, child care advocates may want to insure a variety of options for parents. Parental preference leans toward center care rather than to other types, although aides who are relatives are also a major choice. Child advocates may wish to determine how parental access to the type of care they prefer can be increased, and whether additional parental information might make parents more interested in using care options which are available but which they have not been as interested in using.

A second discrepant area related to the first is that of type of care preferred for 2-5 age children. Parents, some provider groups, and consultants view center care as most appropriate, while family day care providers and day care workers select family day care. Child care advocates may wish to work toward increasing center options in parts of the state where they are presently sparse and/or to helping parents feel satisfied with family day options. Since parents are interested in trained staff, support of training for family day care providers may be important.

A third area of discrepant viewpoints is that of the perceived reasons why a care type is chosen. Although parents state they choose their care on the basis of what is best for their child, the workers who help them obtain care indicate they believe convenience is the major choice factor. The Department guidelines which state worker and parent should discuss options in relation to what is best for the child may not be operating effectively in all cases, due to worker lack of time, parents' selection of care type before asking for payment for child care, or for a variety of other reasons. Child care advocates may wish to work toward increasing the effectiveness of the access process so that parents' desire to have the best type for their child can be promoted. Conversely, parents who must choose the care type on the basis of factors other than their belief it is best (such as convenience and appropriate time schedule) may need to be encouraged to request that these other factors be incorporated in all care options. Departmental work requirements may need to take into account the allocation of sufficient time for the care selection process, if this is indeed a Departmental goal.

A fourth major area of discrepancy is in respondents' view of the best care solution for single parents. Parents prefer that a variety of options, including full time work, be available while providers are primarily opposed to parental full time work. Department personnel agree that parents should have many options. The relatively strong feeling among providers that parents should not work full time may be related to their experiences of specific problems with children and parents or it may reflect the basic value position of American society which they continue to hold even though they are presently engaged in providing surrogate child care. These discrepant views are important ones for child care advocates to consider when attempting to have unified public support for child care. If providers do not genuinely believe that parents who work full time can still be effective parents, this attitude may affect parent/provider cooperation. When so many other forces in the society are working against child care availability, child care advocates may wish to work toward the establishment of parent/provider unity of forces to protect and extend the publicly assisted child care system.

One of the purposes of the study was to add to the present body of information regarding societal values concerning child care. It is apparent that the ambivalence concerning the role of the state and of parents which has been characteristic of American society is also evident in all three major respondent groups. Generally they believe child care can be beneficial to children and parents, that the state has an important control and responsibility role, and that the family is an essential element which must be supported. Where the correct balance

is between active, extended, and committed publicly supported child care and maintaining the traditional role responsibilities of the family has yet to be resolved. This dilemma is reflected in the views of the respondents in this study. It is also evident in the policy decisions being made daily at local, state, and national levels.

If child care advocates can use the information provided by this study to discuss potential policy stances and to arrive at advocacy positions that incorporate the concerns of parents, providers, and state agency personnel, child care policy decisions which unite rather than divide the child care community may be promoted.

BIBLIOGRAPHY

Caldwell, B., "Child Development and Social Policy" in Scott and Grimmett (eds), Current Issues in Child Development, Washington: National Association for Education of Young Children, 1977, 61-88.

Edelman, M. W., (ed) Perspectives on Child Care, Washington: National Association for Education of Young Children, 1972.

Fowler, W., Day Care and Its Effects on Early Development. Toronto: Ontario Institute for Studies in Education. Research in Education Series No. 8, 1978.

Haskins, R., "Day Care and Public Policy," Urban and Social Change Review, Vol. 12, No. Winter 1979, 3-9.

Kagan, J., "The Effect of Day Care on the Infant," Washington, D.C., Department of Health, Education & Welfare, 1976, Ed 156339.

Keyserling, M. D., Windows on Day Care, New York: National Council of Jewish Women, 1972.

Kilmer, S., "Infant-Toddler Group Day Care: A Review of Research" in Katz, L. (ed) Current Topics in Early Childhood Education, Norwood, N.J.: Ablex, 1979.

Larson, M.A., "Federal Policy for Preschool Services: Assumptions & Evidence" S.R.I. Project 2158 Stanford Research Institute, Educational Policy Research Center, Menlo Park, California. Report EPRC02158-24 May, 1975.

Linden, E., Day Care & Nursery Facilities, Detroit: United Community Services of Metropolitan Detroit, April 1970.

Morgan, G., The Trouble With Title XX: A Review of Child Day Care Policy, Washington, D.C., Day Care & Child Development Council of America, September 1977.

Padgett, A., and Schuller, J., Day Care Aides: A Profile and Cost Study. Employment Development Services Section, Social Services Evaluation Division, Office of Planning, Budget & Evaluation, Michigan Department of Social Services, March 1979.

Ruderman, Child Care and Working Mothers, New York: Child Welfare League, 1968.

Shkuda, A. N., Former Welfare Families: Independence & Recurring Dependency, New York: Center for Study of New York Affair, New School for Social Research, September 1976.

Smith, Marilyn M., "How Could Early Childhood Education Affect Families?" Young Children, Vol. 33, No. 6, September 1978, p. 6-14.

Smith, V., Welfare Work Incentives, Studies in Welfare Policy, No. 2, State of Michigan: Department of Social Services, 1974.

Sponseller, D. and Fink, J., "Early Childhood Education: A National Profile of Early Childhood Educators' Views," Education and Urban Society, Vol. 12, No. 2, February 1980, p. 163-173.

Unco. Inc. (1975) National Child Care Consumer Study: 1975, 4 Vols., Washington, D.C.: U.S. Government Printing Office.

BIBLIOGRAPHY

(cont.)

Urich, H., "A Study of Family Day Care Systems in Massachusetts," Washington: Day Care and Child Development Council, 1972.

Westinghouse Learning Corporation and Westat Research, Inc., Day Care Survey 1970: Summary and Basic Analysis, prepared for the Office of Economic Opportunity, Washington, D.C., 1971.